

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled SURGICAL FASTENERS AND DEVICES FOR SURGICAL FASTENING, the specification of which:

- ☐ is attached hereto.
☐ was filed on _____ as Application Serial No. _____ and was amended on _____.
☒ was described and claimed in PCT International Application No. PCT/IL2004/00624 filed on July 11, 2004 and as amended under PCT Article _____ on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

U.S. Serial No.	Filing Date	Status
60/486,264	July 11, 2003	

I hereby claim the benefit under 35 U.S.C. §120 of any prior U.S. non-provisional application(s) or under §365(c) of any prior PCT international application(s) designating the U.S., listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in such U.S. or PCT international application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose to the PTO all information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119 (a)-(d) and 365 (b) of any prior foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or under §365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

Country	Application No.	Filing Date	Priority Claimed
			<input type="checkbox"/>

Combined Declaration and Power of Attorney
Page 2 of 3 Pages

I/We hereby appoint the Practitioners associated with the following Customer Number:

Customer Number 20529

Direct Telephone Calls to:


Send Correspondence to:

Gary M. Nath
(202) 775-8383

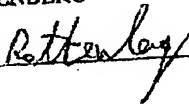
NATH & ASSOCIATES, PLLC
Sixth Floor
1030 15th Street, N.W.
Washington, D.C. 20005 U.S.A.

The undersigned hereby authorizes the U.S. Attorneys or Agents appointed herein to accept and follow instructions from Reinhold Cohn and Partners as to any action to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. Attorneys or Agents and the undersigned. In the event of a change of the persons from whom instructions may be taken, the U.S. Attorneys or Agents appointed herein will be so notified by the undersigned.

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Adrian PAZ
Inventor's Signature: 
Residence Address: _____
Citizenship: Israeli
Post Office Address: 13 Elazar Friedman Street
Petach Tikva 49444
ISRAEL

Date: 31/7/06

Full Name of Inventor: Dan ROTENBERG
Inventor's Signature: 
Residence Address: _____
Citizenship: Israeli
Post Office Address: 117 Einstein Street
Haifa 34601
ISRAEL

Date: July 27, 2006

Combined Declaration and Power of Attorney
Page 3 of 3 Pages

Full Name of Inventor: Eitan HOD

Inventor's Signature: _____ Date: _____
Residence Address: _____
Citizenship: Israeli
Post Office Address: 29/2 Narkis Street
Zichron Ya'akov 30900
ISRAEL

Full Name of Inventor: Anatoli KONIK

Inventor's Signature: _____ Date: _____
Residence Address: _____
Citizenship: Israeli
Post Office Address: 26/9 Golumb Street
Haifa 33393
ISRAEL

Full Name of Inventor: Mark SHAHAR

Inventor's Signature: _____ Date: _____
Residence Address: _____
Citizenship: Israeli
Post Office Address: 3 Hadera Street
Tel Aviv 62095
ISRAEL

Full Name of Inventor: Roni SHABAT

Inventor's Signature: _____ Date: 1/8/06
Residence Address: _____
Citizenship: Israeli
Post Office Address: Kibbutz Yizrael
Galil Tachton 19350
ISRAEL

Combined Declaration and Power of Attorney
Page 3 of 3 Pages

Full Name of Inventor: Eitan HOD

Inventor's Signature: _____

Date: 27/7/06

Residence Address:

Citizenship:

Post Office Address:

Israeli

29/2 Narkis Street
Zichron Ya'akov 30900
ISRAEL

Full Name of Inventor: Anatoli KONIK

Inventor's Signature: _____

Date: 30.07.2006

Residence Address:

Citizenship:

Post Office Address:

Israeli

26/9 Golumb Street
Haifa 33393
ISRAEL

Full Name of Inventor: Mark SHAHAR

Inventor's Signature: _____

Date: 1/8/06

Residence Address:

Citizenship:

Post Office Address:

Israeli

3 Hadera Street
Tel Aviv 62095
ISRAEL

Full Name of Inventor: Roni SHABAT

Inventor's Signature: _____

Date: _____

Residence Address:

Citizenship:

Post Office Address:

Israeli

Kibbutz Yizrael
Galil Tachton 19350
ISRAEL